

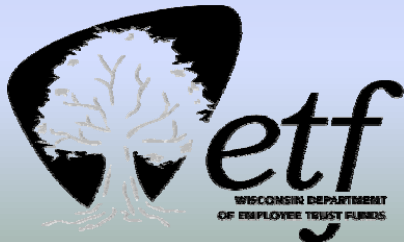
# Wisconsin Retirement System (WRS) Regional Training on Reporting



## Department of Employee Trust Funds

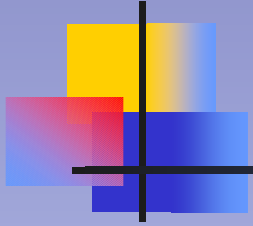
*Mary Pierick, Employer Education Officer*

*Amanda Postel, Employer Education Officer*



(Local Employers)

Fall 2007



# Agenda

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Reportable Earnings & Creditable Service

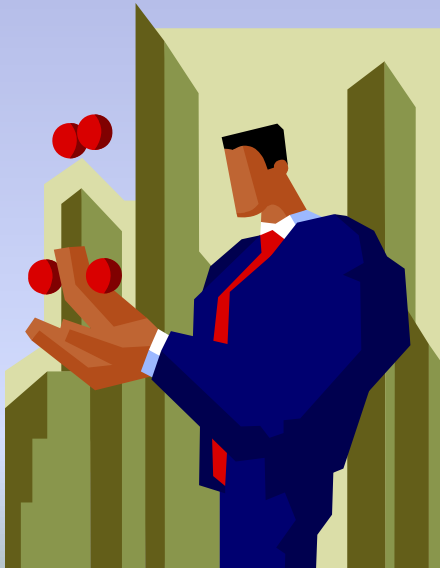
Contributions

Monthly and Period Reporting

Annual Reconciliation and Reporting

Online Network for Employers

# Reporting Earnings & Hours



*Always do right.*

*This will gratify some people,  
and astonish the rest.*

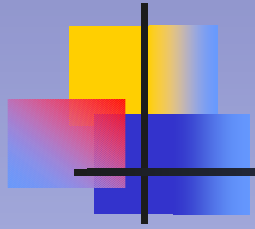
~ Mark Twain



# Retirement Benefit

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- Based on the higher of:
  - “Defined Contribution” – Amount accumulated in the account at time of retirement
  - “Defined Benefit” – Formula includes:
    - Earnings
    - Service
    - Formula Factor



## Reportable Earnings . . .

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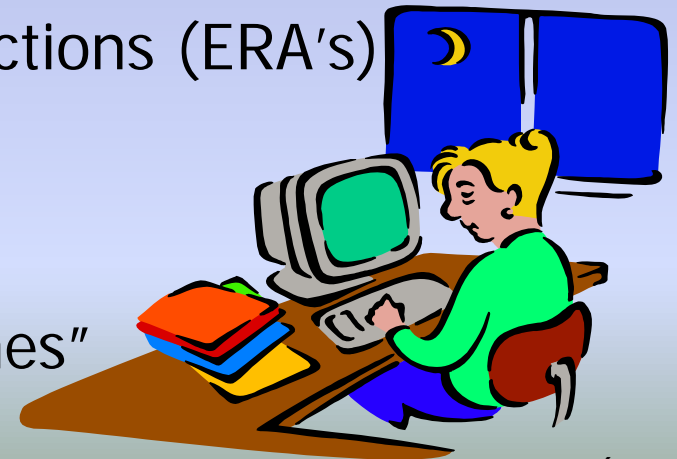
are the gross amount paid to an employee by a participating employer as salary or wages . .

for personal services rendered to or for an employer . . .

[Wis. Stat. § 40.02 (22) (a)]

# Earnings Reportable for WRS

- Include, but not limited to:
  - Overtime, vacation, sick pay
    - Extend termination date when using vacation pay
  - Retroactive pay (e.g., union contract settlement)
  - Length of service bonus or merit pay
  - Section 125 Cafeteria Plan reductions (ERA's)
  - Pay during a Leave of Absence
  - Workers Compensation
  - Reimbursement for "street clothes" uniforms





# Earnings NOT WRS Reportable

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- Include, but not limited to:
  - Employer contributions for Social Security, insurance and retirement
  - Lump sum cash payments made at termination
  - Payments in lieu of sick leave
  - Payments in lieu of fringe benefits
  - Uniforms
  - Payments to students under age 20 that are full-time high-school students



# Overview of WRS Contributions

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- Contributions to WRS based on % of reportable earnings
  - Required Contributions
    - Rates reviewed annually by actuary
  - Additional Contributions





# Required Contributions

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- 2007 Contribution Rates for General, including Teachers & Educational Support Personnel:
  - 5.0% - Employee Required Contribution
  - 1.0% - BAC
  - 4.6% - Employer Required Contribution
  - UAAL varies by employer
  - Duty Disability varies by employer



# Required Contributions

---

- Employee - May be Paid by Employer:
  - Employee Required Contribution (ERC)
  - Benefit Adjustment Contribution (BAC)
  
- Employer - Must be Paid by Employer:
  - Employer Required Contribution
  - Unfunded Actuarial Accrued Liability (UAAL)
  - Duty Disability - applies only to protectives (police officers, firefighters)



# Additional Contributions

---

- Employee-Paid Additional Contributions:
  - After-tax contribution
  - Paid through payroll deduction or paid directly to ETF
- Employer-Paid Additional Contributions
  - Taxes deferred until a benefit is received
- Employee-paid and employer-paid additional contributions subject to federal annual contribution limits
  - ET-2566: Maximum Voluntary Additional Contributions Worksheet should be completed



# Creditable Service . . .

---

is the service granted for performance of duties for which a participating employee receives earnings from a participating employer.

*[Wis. Stat. § 40.02 (14)]*

- Full-time equivalent for one year of service:
  - 1904 hours for non-teachers
  - 1320 hours for teachers



# Creditable Service

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- Based on number of hours reported
- One full-time day of service = 8 hours  
[Wis. Admin Code § 10.03]

- Formula to convert employees to 8 hour workdays:

$$\left[ \frac{\text{Hours Worked}}{\text{Full Time Hours}} \right] \times 40 \times \text{\# of weeks in the reporting period}$$

# Reporting Earnings & Hours

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*We can lick gravity, but sometimes  
the paperwork is overwhelming.*

~ Wernher von Braun



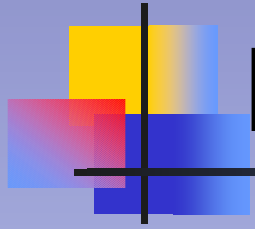


# Reports

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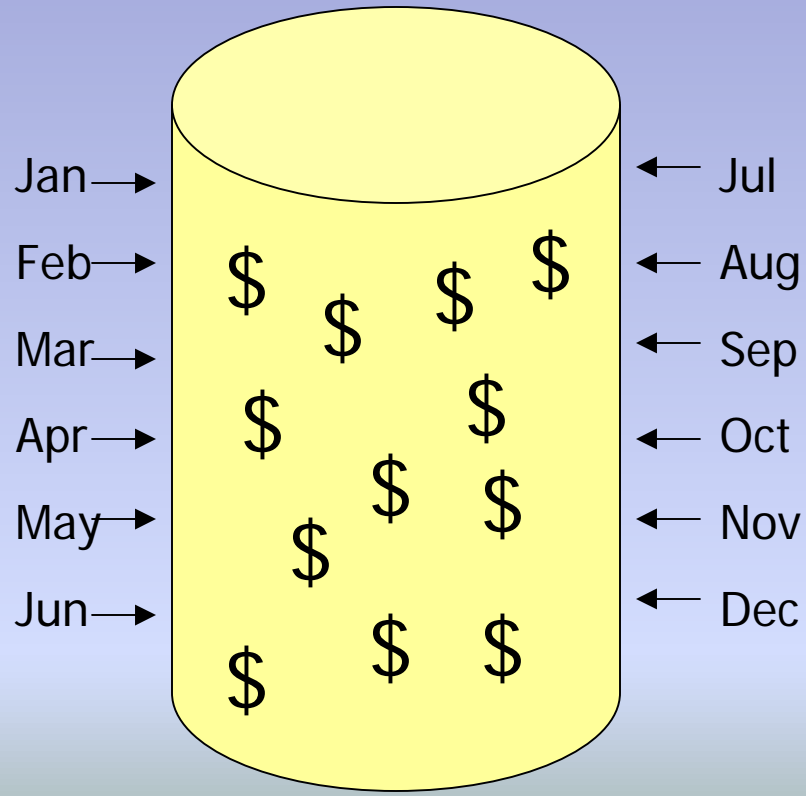


- Monthly Remittance Report (ET-1515)
  - AGGREGATE - (Total WRS earnings for each category, for each month)
  
- Transaction Report (ET-2533)
  - INDIVIDUAL - (Each WRS employee's earnings)
  - Two types:
    - Periodic - "As Needed"
    - Annual



# Report Overview

## Monthly Reports



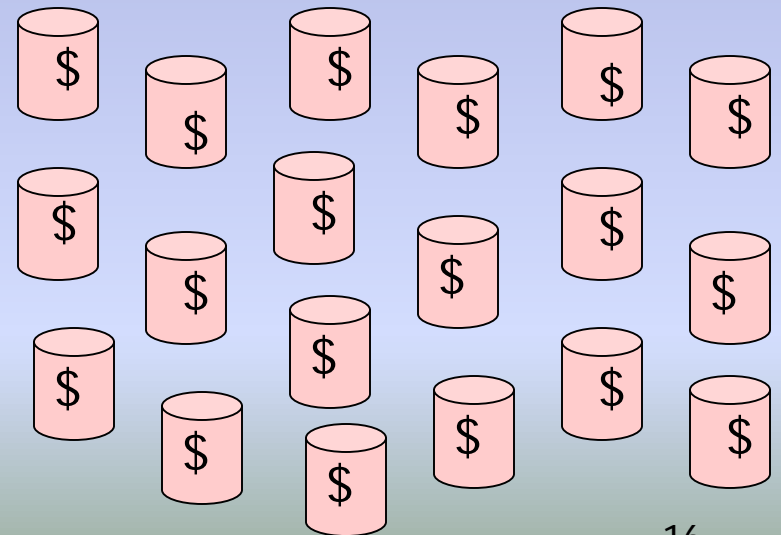
## Periodic Transaction Reports



+

=

## Annual Transaction Report







# Monthly Remittance

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- Must be received at ETF by the last working day of the month for the prior month's payroll
  - For example, August's report is due September 28, 2007
  - Interest charges when filed late
  - Due date specified by Wis. Adm. Code ETF 10.63
- *Monthly Retirement Remittance Report* (ET-1515)  
(Year's supply of reports mailed in February)



# Monthly Remittance (cont'd)

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- Automated processing methods:
  - **ONE**
  - Interactive Voice Response (IVR) (IVR) (Discontinued)
  - **Minimum of four (4) banking days required to complete ACH transaction**
  - Submit *ACH Direct Withdrawal Authorization* form (ET-1734)



# On-line Network for Employers (ONE) WRS Contribution Remittance

---

- Securely Transmit Monthly Remittance Report (ET-1515) to ETF via the Internet
- Select a payment due date or default to statutory due date (i.e. last working day of month)
  - Reporting can be done after last payroll for the month
    - Exception, December payroll as may need to reconcile to the annual report
  - Payments are made by ACH
  - **Must** allow 4 banking days for processing
  - Eliminates late payment fees due to mailing delays

## Employee Trust Funds (ETF) On-Line Network for Employers (ONE)



Welcome to the Department of Employee Trust Funds On-line Network for Employers (ONE). This is a new and innovative way to retrieve historical data, keep employee information current and report monthly retirement contributions and payment. ONE

is an interactive Internet application that is easy and convenient to use.

Logon and Password Support (608) 264-9181 / 866-843-9724 or email us at [ETFOnLineHelp@etf.state.wi.us](mailto:ETFOnLineHelp@etf.state.wi.us)  
Employer Communications Center (608) 264-7900

### Account Maintenance

[WRS Employers - Reset Password](#)

[Security Agreement, ET-8928](#), Fax Number: (608) 266-5801

### Applications

[Previous Service and Benefit Inquiry \\*](#)

*\*Note: You will need to use your "new" user ID to log in to this application.*

Description: Allows employers to view historical information regarding their employees' WRS participation on-line. Assists in determining Insurance program eligibility, WRS Eligibility Status and calculating supplemental sick leave credits (state agencies only).

[WRS Account Update](#)

Description: Provides employer with the ability to securely transmit account updates to ETF. The application includes WRS enrollments, descriptive data changes, and employee transactions.

[WRS Contribution Remittance Entry](#)

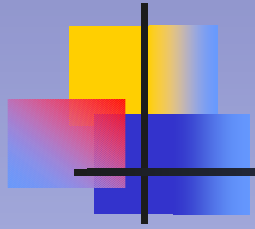
Description: Allows employers to transmit WRS Monthly Retirement Remittance Reports (ET-1515) to ETF and make payment through the banking ACH process.

[WRS Transaction Upload](#) *\*Internal server error problems with this application have been resolved. You should be able to upload and submit your annual file without difficulties using this application. Please contact Employers helpdesk line at (608) 264-9181 or (866) 843-9724 or e-mail at [ETFOnLineHelp@etf.state.wi.us](mailto:ETFOnLineHelp@etf.state.wi.us), if you continue experiencing technical difficulties.*

ONE - WRS  
Contribution  
Remittance  
Entry

a.k.a Monthly  
Remittance  
Report

# Log Into The System



Enter  
Logon ID  
&  
Password  
  
Press  
“Login”



**“Indicates  
Application  
Selected”**

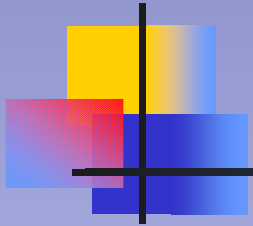
User ID:

Password:

Login

Reset

# WRS Contribution Remittance



- Enter your seven digit WRS Employer Identification Number
- Choose *Regular* or *Supplemental*

## Wisconsin Employee Trust Funds (ETF) Monthly Retirement Remittance Report Access

### Authorized Personnel Only

Version 1.0

Employee Trust Funds (ETF) Wisconsin Retirement System Automated Monthly Remittance Reporting System is a way to Report Earnings, Contributions and other amounts without using paper or wire transfers. You must first have both an ACH account and and logon ID set up with ETF.

**To connect to the Automated Monthly Remittance Reporting System, please enter your Employer Number and select the type of report you intend to submit: 'Regular' or 'Supplemental'.**

Employer Number: 0001110

Regular

Supplemental

# WRS Contribution Remittance

## Wisconsin Employee Trust Funds (ETF) Employer Remittances

Refer to the WRS Administration Manual Chapter 7 for detailed instructions in completing this form. [Click here to view the manual.](#)

Please enter the information requested  
and press the 'Submit' button.

### Employer Name and Address:

Agent Name: **SECRET AGENT MAN**  
Agent Title:  
Employer Name:  
Agent Address 1:  
Agent Address 2:  
Agent City:  
Agent State/Zip:

Employer Identification Number	<b>007</b>
Report Type:	Regular
Normal Due Date	02/28/2007
Reporting Month and Year (change for Supplemental ONLY)	01/2007
Date Entered	02/01/2007
Requested Transfer Date (mm/dd/yyyy)	02/28/2007

Employment Category Title (Code):	Employee Earnings	Total Rate	Total Contributions	
General, Educ. Support Pers. (00, 01, 12)	<input type="text"/>	10.6	<input type="text"/>	
Elected Judges Exec. Pay Plan (02, 05, 06, 07, 08, 09, 11)	<input type="text"/>	11.5	<input type="text"/>	
Protective with Soc. Sec. (03)	<input type="text"/>	19.9	<input type="text"/>	
Protective without Soc. Sec. (04)	<input type="text"/>	20.8	<input type="text"/>	
Teachers (10)		0.0		
Total Earnings		Sub-total of Contribution Lines		

1. Over or Underpayment and/or Interest Due for Late Reported	<input type="text"/>
2. Additional Contributions	<input type="text"/>
3. Total Invoice Items (from below)	
4. Other Payments	<input type="text"/>
5. GRAND TOTAL OF ALL LINES ABOVE	

### Invoice Detail

	Invoice Number	Amount		Invoice Number	Amount
Invoice 1	<input type="text"/>		Invoice 4	<input type="text"/>	
Invoice 2	<input type="text"/>		Invoice 5	<input type="text"/>	
Invoice 3	<input type="text"/>		Invoice 6	<input type="text"/>	

**Submit**

Clear

Logout

# WRS Contribution Remittance - Part 1

**Important:**

**Verify Payroll Month & Transfer Date**

## Wisconsin Employee Trust Funds (ETF) Employer Remittances

Refer to the WRS Administration Manual Chapter 7 for detailed instructions in completing this form. [Click here to view the manual.](#)

Please enter the information requested,  
and press the 'Submit' button.

**Payroll  
Month**

Employer Name and Address:

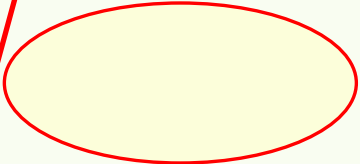
Agent Name: **SECRET AGENT MAN**  
Agent Title:  
Employer Name:  
Agent Address 1:  
Agent Address 2:  
Agent City:  
Agent State/Zip:

**Transfer  
Date**

Employer Identification Number	007
Report Type:	Regular
Normal Due Date	02/28/20
Reporting Month and Year (change for Supplemental ONLY)	01/2007
Date Entered	02/01/2007
Requested Transfer Date (mmddccyy)	02/28/2007



# WRS Contribution Remittance - Part 2

Employment Category Title (Code):	Employee Earnings	Total Rate	Total Contributions	
General, Educ. Support Pers. (00, 01, 12)	<input type="text"/>	10.6	<input type="text"/>	
Electd Judges Exec. Pay Plan (02, 05, 06, 07, 08, 09, 11)	<input type="text"/>	11.5	<input type="text"/>	
Protective with Soc. Sec. (03)	<input type="text"/>	19.9	<input type="text"/>	
Protective without Soc. Sec. (04)	<input type="text"/>	20.8	<input type="text"/>	
Teachers (10)		0.0		
Total Earnings		Sub-total of Contribution Lines		

Enter Employee Earnings & Contributions  
By Category

# WRS Contribution Remittance Sample

Employment Category Title (Code):	Employee Earnings	Total Rate	Total Contributions	
General, Educ. Support Pers. (00, 01, 12)	1320317.92	10.6	139953.70	
Electd Judges Exec. Pay Plan (02, 05, 06, 07, 08, 09, 11)	112813.30	11.5	12973.53	
Protective with Soc. Sec. (03)	1130209.53	19.9	224911.70	
Protective without Soc. Sec. (04)	1149992.71	20.8	239198.49	
Teachers (10)		0.0		
Total Earnings		Sub-total of Contribution Lines		



Once keyed - verify information

# Part 3 - “The Rest of the Story”

1. Over or Underpayment and/or Interest Due for Late Reported	<i>Notices from ETF</i>	<input type="text" value="12.53"/>
2. Additional Contributions	<i>Paid by Employee or Employer</i>	<input type="text" value="5300.00"/>
3. Total Invoice Items (from below)	<i>Automatic entered from below</i>	
4. Other Payments	<i>Unfunded Accrued Actuarial Liability</i>	<input type="text" value="12952.00"/>
5. GRAND TOTAL OF ALL LINES ABOVE	<i>Automatically adds</i>	

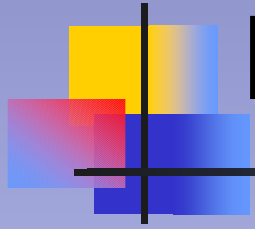
## Invoice Detail

	Invoice Number	Amount		Invoice Number	Amount
Invoice 1	<input type="text"/>		Invoice 4	<input type="text"/>	
Invoice 2	<input type="text"/>		Invoice 5	<input type="text"/>	
Invoice 3	<input type="text"/>		Invoice 6	<input type="text"/>	

Submit

Clear

Logout



# Keying Remittance Application

---

Complete earnings and contributions by employment category

- Include decimal places (dollars and cents)

Can complete actual contribution totals from your payroll system

- If rounding produces few cents difference, system allows

After auditing your work, press the ***Submit*** Button

# Information Keyed

Employer Name and Address:

Agent Name: **SECRET AGENT MAN**  
 Agent Title:  
 Employer Name:  
 Agent Address 1:  
 Agent Address 2:  
 Agent City:  
 Agent State/Zip:

Employer Identification Number: **007**  
 Report Type: Regular  
 Normal Due Date: 02/28/2007  
 Reporting Month and Year  
 (change for Supplemental ONLY): 01/2007  
 Date Entered: 02/01/2007  
 Requested Transfer Date  
 (mmddccyy): 02/28/2007

Employment Category Title (Code):	Employee Earnings	Total Rate	Total Contributions	
General, Educ. Support Pers. (00, 01, 12)	1320317.92	10.6	139953.70	
Electd Judges Exec. Pay Plan (02, 05, 06, 07, 08, 09, 11)	112813.30	11.5	12973.53	
Protective with Soc. Sec. (03)	1130209.53	19.9	224911.70	
Protective without Soc. Sec. (04)	1149992.71	20.8	239198.49	
Teachers (10)		0.0		
Total Earnings		Sub-total of Contribution Lines		

1. Over or Underpayment and/or Interest Due for Late Reported	12.53
2. Additional Contributions	5300.00
3. Total Invoice Items (from below)	
4. Other Payments	12952.00
5. GRAND TOTAL OF ALL LINES ABOVE	

Invoice Detail

	Invoice Number	Amount		Invoice Number	Amount
Invoice 1			Invoice 4		
Invoice 2			Invoice 5		
Invoice 3			Invoice 6		

Submit

Clear

Logout

# Audit the Keying & Contributions

## Wisconsin Employee Trust Funds (ETF) Employer Remittances

Refer to the WRS Administration Manual Chapter 7 for detailed instructions in completing this form. [Click here to view the manual.](#)

Please review the information below.  
If it is correct, press the 'Confirm' button.

### Employer Name and Address:

Agent Name: **SECRET AGENT MAN**  
Agent Title:  
Employer Name:  
Agent Address 1:  
Agent Address 2:  
Agent City:  
Agent State/Zip:

Employer Identification Number: **007**  
Report Type: Regular  
Normal Due Date: 02/28/2007  
Reporting Month and Year (change for Supplemental ONLY): 01/2007  
Date Entered: 02/01/2007  
Requested Transfer Date (mmddccyy): **02/28/2007**

Employment Category Title (Code):	Employee Earnings	Total Rate	Total Contributions	
General, Educ. Support Pers. (00, 01, 12)	\$1,320,317.92	10.6	\$139,953.70	
Electd Judges Exec. Pay Plan (02, 05, 06, 07, 08, 09, 11)	\$112,813.30	11.5	\$12,973.53	
Protective with Soc. Sec. (03)	\$1,130,209.53	19.9	\$224,911.70	
Protective without Soc. Sec. (04)	\$1,149,992.71	20.8	\$239,198.49	
Teachers (10)		0.0		
Total Earnings	\$3,713,333.46	Sub-total of Contribution Lines	\$617,037.42	

1. Over or Underpayment and/or Interest Due for Late Reported	\$12.53
2. Additional Contributions	\$5,300.00
3. Total Invoice Items (from below)	\$0.00
4. Other Payments	\$12,952.00
5. GRAND TOTAL OF ALL LINES ABOVE	\$635,301.95

### Invoice Detail

Invoice Number	Amount	Invoice Number	Amount
Invoice 1	\$0.00	Invoice 4	\$0.00
Invoice 2	\$0.00	Invoice 5	\$0.00
Invoice 3	\$0.00	Invoice 6	\$0.00

# Submit for Payment

Employment Category Title (Code):	Employee Earnings	Total Rate	Total Contributions	
General, Educ. Support Pers. (00, 01, 12)	\$1,320,317.92	10.6	\$139,953.70	
Electd Judges Exec. Pay Plan (02, 05, 06, 07, 08, 09, 11)	\$112,813.30	11.5	\$12,973.53	
Protective with Soc. Sec. (03)	\$1,130,209.53	19.9	\$224,911.70	
Protective without Soc. Sec. (04)	\$1,149,992.71	20.8	\$239,198.49	
Teachers (10)		0.0		
Total Earnings	\$3,713,333.46	Sub-total of Contribution Lines	\$617,037.42	

1. Over or Underpayment and/or Interest Due for Late Reported	\$12.53
2. Additional Contributions	\$5,300.00
3. Total Invoice Items (from below)	\$0.00
4. Other Payments	\$12,952.00
5. GRAND TOTAL OF ALL LINES ABOVE	\$635,301.95

## Invoice Detail

	Invoice Number	Amount		Invoice Number	Amount
Invoice 1	<input type="text"/>	\$0.00	Invoice 4	<input type="text"/>	\$0.00
Invoice 2	<input type="text"/>	\$0.00	Invoice 5	<input type="text"/>	\$0.00
Invoice 3	<input type="text"/>	\$0.00	Invoice 6	<input type="text"/>	\$0.00

# Sample of Error Messages

## Wisconsin Employee Trust Funds (ETF) Employer Remittances

Refer to the WRS Administration Manual Chapter 7 for detailed instructions in completing this form. [Click here to view the manual.](#)

General Earnings Amount times the contribution rate \$139,953.70 does not equal the contributions you have reported.  
To accept the earnings and contributions as keyed, check 'OK' in the 'Override' Column. Then click submit.

Employer Name and Address:

Agent Name:	SECRET AGENT MAN
Agent Title:	
Employer Name:	
Agent Address 1:	
Agent Address 2:	
Agent City:	
Agent State/Zip:	

Employer Identification Number	
Report Type:	Regular
Normal Due Date	02/28/2007
Reporting Month and Year (change for Supplemental ONLY)	01/2007
Date Entered	02/01/2007
Requested Transfer Date (mmddccyy)	02/28/2007

Employment Category Title (Code):	Employee Earnings	Total Rate	Total Contributions	Override?
General, Educ. Support Pers. (00, 01, 12)	\$1,320,317.92	10.6	\$139,935.70	<input type="checkbox"/> OK
Electd Judges Exec. Pay Plan (02, 05, 06, 07, 08, 09, 11)	\$112,813.30	11.5	\$12,973.53	
Protective with Soc. Sec. (03)	\$1,130,209.53	19.9	\$224,911.70	
Protective without Soc. Sec. (04)	\$1,149,992.71	20.8	\$239,198.49	
Teachers (10)		0.0		
Total Earnings	\$3,713,333.46	Sub-total of Contribution Lines	\$617,019.42	



Errors are in red at top of screen



# Correct The Error

## Wisconsin Employee Trust Funds (ETF) Employer Remittances

Refer to the WRS Administration Manual Chapter 7 for detailed instructions in completing this form. [Click here to view the manual.](#)

General Earnings Amount times the contribution rate \$139,953.70 does not equal the contributions you have reported.  
To accept the earnings and contributions as keyed, check 'OK' in the 'Override' Column. Then click submit.

Correct the  
Information

Employer Name and Address:  
Agent Name: **SECRET AGENT MAN**  
Agent Title:  
Employer Name:  
Agent Address 1:  
Agent Address 2:  
Agent City:  
Agent State/Zip:

Employer Identification Number:  
Report Type: Regular  
Normal Due Date: 02/28/2007  
Reporting Month and Year (change for Supplemental ONLY): 01/2007  
Date Entered: 02/01/2007  
Requested Transfer Date (mm/dd/yyyy): 02/28/2007

Employment Category Title (Code):	Employee Earnings	Total Rate	Total Contributions	Override?
General, Educ. Support Pers. (00, 01, 12)	\$1,320,317.92	10.6	\$139,935.70	<input type="checkbox"/> OK
Electd Judges Exec. Pay Plan (02, 05, 06, 07, 08, 09, 11)	\$112,813.30	11.5	\$12,973.53	
Protective with Soc. Sec. (03)	\$1,130,209.53	19.9	\$224,911.70	
Protective without Soc. Sec. (04)	\$1,149,992.71	20.8	\$239,198.49	
Teachers (10)		0.0		
Total Earnings	\$3,713,333.46	Sub-total of Contribution Lines	\$617,019.42	

1. Over or Underpayment and/or Interest Due for Late Reported	\$12.53
2. Additional Contributions	\$5,300.00
3. Total Invoice Items (from below)	\$0.00
4. Other Payments	\$12,952.00
5. GRAND TOTAL OF ALL LINES ABOVE	\$635,283.95

### Invoice Detail

	Invoice Number	Amount		Invoice Number	Amount
Invoice 1		\$0.00	Invoice 4		\$0.00
Invoice 2		\$0.00	Invoice 5		\$0.00
Invoice 3		\$0.00	Invoice 6		\$0.00

Submit

Clear

Logout

# Error Corrected

## Wisconsin Employee Trust Funds (ETF) Employer Remittances

Refer to the WRS Administration Manual Chapter 7 for detailed instructions in completing this form. [Click here to view the manual.](#)

Please review the information below.  
If it is correct, press the 'Confirm' button.

Employer Name and Address:

Agent Name: **SECRET AGENT MAN**  
Agent Title:  
Employer Name:  
Agent Address 1:  
Agent Address 2:  
Agent City:  
Agent State/Zip:

Employer Identification Number:  
Report Type: Regular  
Normal Due Date: 02/28/2007  
Reporting Month and Year  
(change for Supplemental ONLY): 01/2007  
Date Entered: 02/01/2007  
Requested Transfer Date  
(mmddccyy): 02/28/2007

Employment Category Title (Code):	Employee Earnings	Total Rate	Total Contributions	
General, Educ. Support Pers. (00, 01, 12)	\$1,320,317.92	10.6	\$139,953.70	
Electd Judges Exec. Pay Plan (02, 05, 06, 07, 08, 09, 11)	\$112,813.30	11.5	\$12,973.53	
Protective with Soc. Sec. (03)	\$1,130,209.53	19.9	\$224,911.70	
Protective without Soc. Sec. (04)	\$1,149,992.71	20.8	\$239,198.49	
Teachers (10)		0.0		
Total Earnings	\$3,713,333.46	Sub-total of Contribution Lines	\$617,037.42	

1. Over or Underpayment and/or Interest Due for Late Reported	\$12.53
2. Additional Contributions	\$5,300.00
3. Total Invoice Items (from below)	\$0.00
4. Other Payments	\$12,952.00
5. GRAND TOTAL OF ALL LINES ABOVE	\$635,301.95

### Invoice Detail

	Invoice Number	Amount		Invoice Number	Amount
Invoice 1		\$0.00	Invoice 4		\$0.00
Invoice 2		\$0.00	Invoice 5		\$0.00
Invoice 3		\$0.00	Invoice 6		\$0.00

Submit

Confirm

Clear

Logout

# Final Screen

## Wisconsin Employee Trust Funds (ETF) Employer Remittances Confirmation

Thank you for using our automated system.  
Your TRACKING NUMBER is 15429

Please print a copy of this screen for your records.

### Employer Name and Address:

Agent Name: **SECRET AGENT MAN**  
Agent Title:  
Employer Name:  
Agent Address 1:  
Agent Address 2:  
Agent City:  
Agent State/Zip:

Employer Identification Number	
Report Type:	Regular
Normal Due Date	02/28/2007
Reporting Month and Year (change for Supplemental ONLY)	01/2007
Date Entered	02/01/2007
Requested Transfer Date (mmddccyy)	02/28/2007

Employment Category Title (Code):	Employee Earnings	Total Rate	Total Contributions	
General, Educ. Support Pers. (00, 01, 12)	\$1,320,317.92	10.6	\$139,953.70	
Electd Judges Exec. Pay Plan (02, 05, 06, 07, 08, 09, 11)	\$112,813.30	11.5	\$12,973.53	
Protective with Soc. Sec. (03)	\$1,130,209.53	19.9	\$224,911.70	
Protective without Soc. Sec. (04)	\$1,149,992.71	20.8	\$239,198.49	
Teachers (10)		0.0		
Total Earnings	\$3,713,333.46	Sub-total of Contribution Lines	\$617,037.42	

1. Over or Underpayment and/or Interest Due for Late Reported	\$12.53
2. Additional Contributions	\$5,300.00
3. Total Invoice Items (from below)	\$0.00
4. Other Payments	\$12,952.00
5. GRAND TOTAL OF ALL LINES ABOVE	\$635,301.95

### Invoice Detail

	Invoice Number	Amount		Invoice Number	Amount
Invoice 1		\$0.00	Invoice 4		\$0.00
Invoice 2		\$0.00	Invoice 5		\$0.00
Invoice 3		\$0.00	Invoice 6		\$0.00

Print

Logout

**Print** a copy for your records

**Logout** to end the session

# Monthly Retirement Remittance Report (ET-1515)

## MONTHLY RETIREMENT REMITTANCE REPORT

Wisconsin Retirement System  
Department of Employee Trust Funds  
Drawer 901  
Milwaukee, WI 53293-0001

Send Report and  
Remittance to:

Employer Identification Number  
69-036

Due Date

Reporting Month

Employer Name

EMPLOYMENT CATEGORY TITLE (CODE)	EMPLOYEE EARNINGS		TOTAL RATE	TOTAL CONTRIBUTIONS	
	DOLLARS	CENTS		DOLLARS	CENTS
TOTAL EARNINGS			(Optional) Sub-total of Contribution Lines		
Prepared By  Telephone Area Code / Number			1. Over- or Underpayment and/or Interest Due for Late Reporting	<input type="checkbox"/> + <input type="checkbox"/> -	
			2. Additional Contributions		
			3. Total Invoice Items	<input type="checkbox"/> + <input type="checkbox"/> -	
			4. Other Payments		
			5. GRAND TOTAL OF ALL LINES ABOVE Total Remittance Payable to WISCONSIN RETIREMENT SYSTEM		

### INSTRUCTIONS

Refer to Chapter 7 of your WRS *Employer Manual* for detailed instructions in completing this form.

If you have entered an amount on line 3 – Total Invoice Items, you must provide the details at the bottom of this form.

Send the top copy of this report with remittance to the address at the top of this form. Retain the bottom copy for your records.

Direct reporting questions to:  
Voice (608) 266-2737  
FAX (608) 266-5801  
TTY (608) 267-0676

### NOTE: State Agencies Only

Write or Type PV Numbers in this Space.  
Use back of form if needed. Send no paper PV's to ETF.

### INVOICE DETAIL

Invoice Number	Total Amount	Invoice Number	Total Amount
GRAND TOTAL OF INVOICED ITEMS (Enter on Line 3)			



# Periodic Transaction Reporting

---

- Use to report “as needed”:
  - Termination of employment
  - Change in employment categories
  - Prior year wage settlement (union contract)
  - Correction on previously submitted transaction reports
    - Reminder report only the difference



# Periodic Transaction Reporting

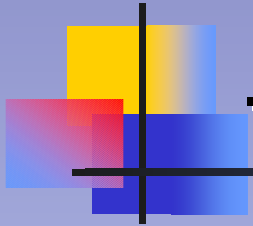
---

- Report “when paid”
  - Some exceptions for teachers
- Report within one week after final earnings paid
- Be prompt and accurate (*and legible!*) -
  - impacts employee’s receipt of benefit

# Periodic Transaction Reporting

## - Contributions

---



- Must report contributions paid by employee:
  - Employee-Required Contribution (ERC)
  - Benefit Adjustment Contribution (BAC)
- Critical for tracking tax implications

# Periodic Transaction Reporting - Contributions

---

- When Additional Contributions:
  - Also complete *Additional Contributions Report (ET-2535)*
  - Must indicate amount of Core (formerly Fixed) and Variable contributions when employee participates in the variable fund



# Periodic Reporting - Examples

Department of Employee Trust Funds  
WISCONSIN RETIREMENT SYSTEM  
P.O. Box 7931 - Madison, WI 53707-7931

**EMPLOYEE TRANSACTION REPORT**

Refer to your WRS Employer Administration Manual for instructions on employee transaction reporting.

Report Date (MM/DD/CCYY) **11/01/07** Page No. **69-036 XXXX-XXX** Employer Identification No. **69-036 XXXX-XXX**

Employer Name **LOCAL EMPLOYER**

Social Security No. NAME Last, First, Middle Initial Street Address or P.O. Box City, State, ZIP	Emp Cat	Action Code	Termination/ Action Date (MM/DD/CCYY)	Last Earnings Date (MM/DD/CCYY)	New Empl. Code	1-1-XX THRU 6-30-XX TEACHERS/EDUC. SUPPORT PERSONNEL ONLY		Calendar Year to Date			Deducted from Employee		Add'l. Contrib. X if yes	
						Hours of Service	EARNINGS Dollars	Cents	Hours of Service	EARNINGS Dollars	Cents	Employee Required Contribution Dollars		Benefit Adjustment Contribution Dollars
SS# <b>#1</b> <b>XXX-XX-XXXX</b> <b>EMPLOYEE'S NAME</b> <b>EMPLOYEE'S ADDRESS</b>	<b>00</b>	<b>01</b>	<b>5/03/07</b>						<b>932</b>	<b>20532</b>	<b>80</b>			
SS#														
SS# <b>#2</b> <b>XXX-XX-XXXX</b> <b>EMPLOYEE'S NAME</b> <b>EMPLOYEE'S ADDRESS</b>	<b>00</b>	<b>06</b>	<b>10/3/07</b>						<b>1645</b>	<b>41166</b>	<b>73</b>			<b>X</b>
SS#														
SS# <b>#3</b> <b>XXX-XX-XXXX</b> <b>EMPLOYEE'S NAME</b>	<b>00</b>	<b>10</b>	<b>6/25/07</b>		<b>03</b>				<b>1126</b>	<b>26543</b>	<b>00</b>	<b>550 00</b>	<b>265 43</b>	
SS#														

I understand that Wis. State Retirement System claims on this form, and I certify that the information is true and correct.

Employer Agent Signature \_\_\_\_\_ Date (MM/DD/CCYY) \_\_\_\_\_

If the employee has additional contributions, X this box and attach the Additional Contributions Report, form ET-2535 showing the contribution amounts.

**Terminates category 00  
&  
Enrolls in category 03**

ET-2533 (REV 11/2001)



# Periodic Reporting - Examples

Department of Employee Trust Funds  
WISCONSIN RETIREMENT SYSTEM  
P.O. Box 7931 - Madison, WI 53707-7931

## EMPLOYEE TRANSACTION REPORT

Report Date (MM/DD/CCYY) **12/31/06** Page No. **69-036 XXXX-XXX**  
Employer Name **YOUR SCHOOL DISTRICT**

Refer to your WRS Employer Administration Manual for instructions on employee transaction reporting.

Social Security No. NAME Last, First, Middle Initial Street Address or P.O. Box City, State, ZIP	Emp Cat	Action Code	Termination/ Action Date (MM/DD/CCYY)	Last Earnings Date (MM/DD/CCYY)	New Empl. Code	1-1-XX THRU 6-30-XX TEACHERS/EDUC. SUPPORT PERSONNEL ONLY		Calendar Year to Date			Deducted from Employee		Add'l. Contr. X if yes
						Hours of Service	EARNINGS Dollars Cents	Hours of Service	EARNINGS Dollars Cents	Employee Required Contribution Dollars Cents	Benefit Adjustment Contribution Dollars Cents		
SS# <b>#1</b> <b>XXX-XX-XXXX</b> <b>EMPLOYEE'S NAME</b> <b>EMPLOYEE'S ADDRESS</b>	<b>00</b>	<b>23</b>	<b>12/31/06</b>						<b>980</b>	<b>33</b>			
SS#													
SS# <b>#2</b> <b>XXX-XX-XXXX</b> <b>EMPLOYEE'S NAME</b> <b>EMPLOYEE'S ADDRESS</b>	<b>00</b>	<b>23</b>	<b>12/31/06</b>						<b>119</b>	<b>41</b>			
SS#													
SS# <b>#3</b> <b>XXX-XX-XXXX</b> <b>EMPLOYEE'S NAME</b> <b>EMPLOYEE'S ADDRESS</b>	<b>00</b>	<b>23</b>	<b>12/31/06</b>						<b>274</b>	<b>55</b>	<b>13</b>	<b>73</b>	<b>2</b> <b>75</b>
SS#													

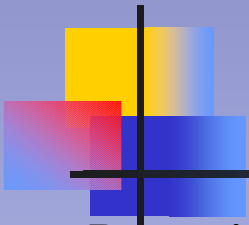
I understand that Wis. Stat. § 943.395 provide criminal penalties for knowingly making false or fraudulent claims on this form, and hereby certify that to the best of my knowledge and belief, the above information is true and correct.

Employer Agent Signature \_\_\_\_\_ Prepared by \_\_\_\_\_ Telephone No. \_\_\_\_\_ Date (MM/DD/CCYY) \_\_\_\_\_

If the employee has additional contributions, X this box and attach the Additional Contributions Report, form ET-2535 showing the contribution amounts. ☒



# ONE - Termination Entry Form



## ■ Required Fields:

- Report Date
- SSN
- First Name
- Last Name
- Address (Address line 1, City, State, and Zip)
- Action/  
Termination Date
- Employment  
Category
- Hours and  
Earnings

**Wisconsin Retirement System (WRS)**  
**P001 Termination - Employment or Retirement**  
**Entry Form**

Please refer to the WRS Administration Manual for specific instructions. [Click here to view the manual.](#)

---

Employer: Report Date:

Agent Title:

Agent Name:

---

**Employee's Indicative Data**

Social Security Number:

First Name:  Middle Initial:

Last Name:

Address:

City, State, Zip:

**Coverage Data**

Action/Termination Date:  (mm/dd/ccyy) Last Earning Date:  (mm/dd/ccyy)

Employment Category: 

Please select one

00 General Employment

01 Court Reporter

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**Earnings and Contributions**

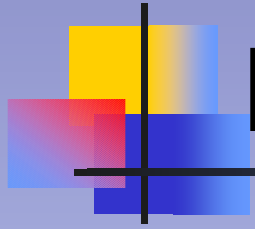
	Hours	Earnings
January to June Teachers/Judges/ Educ. Support personnel Only	<input type="text"/>	<input type="text"/>
Calendar Year to Date (Jan-Dec)	<input type="text"/>	<input type="text"/>

Deducted from Employee

Employee Required Contribution  Benefit Adjustment Contribution

**Additional Contributions**

	Fixed	Variable
Employee Paid:	<input type="text"/>	<input type="text"/>
Employer Paid:	<input type="text"/>	<input type="text"/>
Tax Deferred:	<input type="text"/>	<input type="text"/>

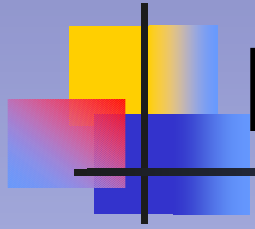


# Periodic Reporting #1

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On April 30, 2007, Brandon's union settled their contract with the WRS employer for the 2006 and 2007 contract year, resulting in back pay for 75 union members.

Brandon terminated employment with his WRS employer on April 1, 2007. You reported all 2007 hours and earnings to the WRS for Brandon's termination prior to the detail of the back pay being available.

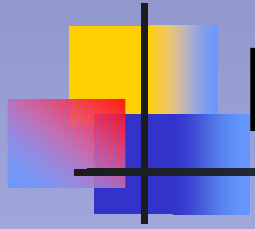


# Periodic Reporting #1

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**Question #1:** Earnings paid outside the year they were normally due are not reportable to the WRS.

True **OR** False



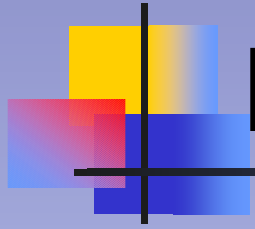
# Periodic Reporting #1

---

## Answer Question #1:

**Question #2:** You can contact ETF to send you a preprinted listing of all employees to make it easier in reporting the back pay.

True **OR** False



# Periodic Reporting #1

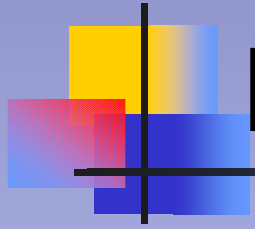
---

## Answer Question #2:

**Question #3:** Because the total back pay represents two calendar years, you must determine the portion that is applicable to 2006 earnings and report them separately from the amount of payment applicable to 2007 earnings.

True **OR** False





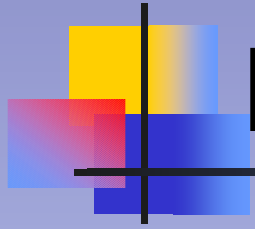
# Periodic Reporting #1

---

## Answer Question #3:

**Question #4:** What Action Code and Action Date would you use to report the 2007 portion of Brandon's contract settlement?

- A. 23 & December 31, 2006
- B. 23 & April 1, 2007
- C. 81 & April 1, 2007
- D. 01 & December 31, 2006



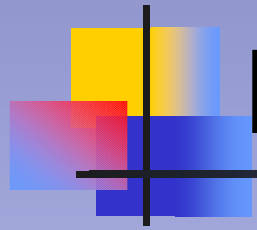
# Periodic Reporting #1

---

## Answer Question #4:

**Question #5:** After submitting the 2006 transactions to ETF, you will receive an invoice for the contributions and interest owed for the 2006 earnings. Enter the amount owed and the invoice detail on the next Monthly Retirement Remittance Report (ET-1515).

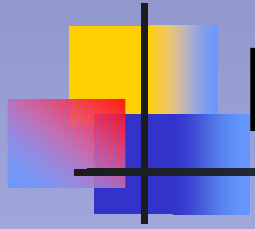
True **OR** False



# Periodic Reporting #1

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**Answer Question #5:**



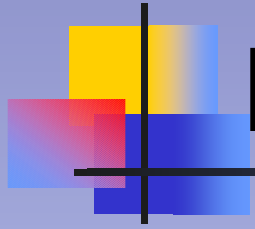
## Periodic Reporting #2

---

Gordy is on an unpaid leave of absence suffering from a life-threatening disease. His last day of work was March 21, 2007. He was paid sick leave and vacation time through April 12, 2007.

You reported Gordy's 2007 earnings on April 17, 2007, reporting his hours and earnings for the year, using transaction code 54 to reflect that he is on a non-work related leave of absence.

Unfortunately, Gordy passed away on May 5, 2007.

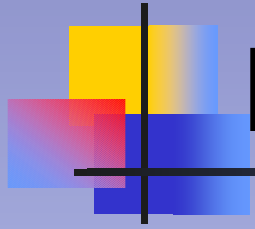


# Periodic Reporting #2

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**Question #1:** What date did you record as the last earnings date on the Employee Transaction Report (ET-2533) when you reported Gordy's leave of absence (with code 54)?

- A. March 21, 2007
- B. April 12, 2007
- C. April 17, 2007
- D. May 5, 2007



# Periodic Reporting #2

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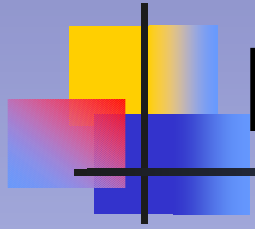
## Answer Question #1:

**Question #2:** When reporting the hours and earnings associated with the leave of absence, the action date should be completed on the Employee Transaction Report (ET-2533) in addition to the last earnings date.

True

**OR**

False



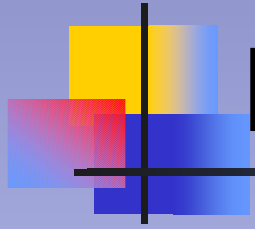
# Periodic Reporting #2

---

## Answer Question #2:

**Question 3:** As part of his contract, Gordy was required to pay a portion of the WRS Required Contributions (i.e., these contributions were deducted from his paychecks). You must report this employee paid deduction on the Employee Transaction Report (ET-2533) when you report hours and earnings.

True **OR** False



# Periodic Reporting #2

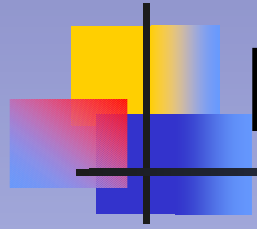
---

## Answer Question #3:

**Question #4:** When you report Gordy's death to ETF, you will record what date as the Termination/Action Date on the Employee Transaction Report (ET-2533)?

- A. March 21, 2007
- B. April 12, 2007
- C. May 5, 2007
- D. No need to report the death since there were no further hours and earnings to report.

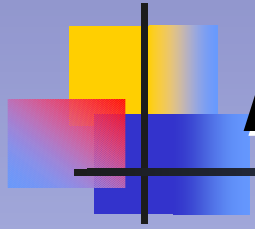




# Periodic Reporting #2

---

**Answer Question #4:**



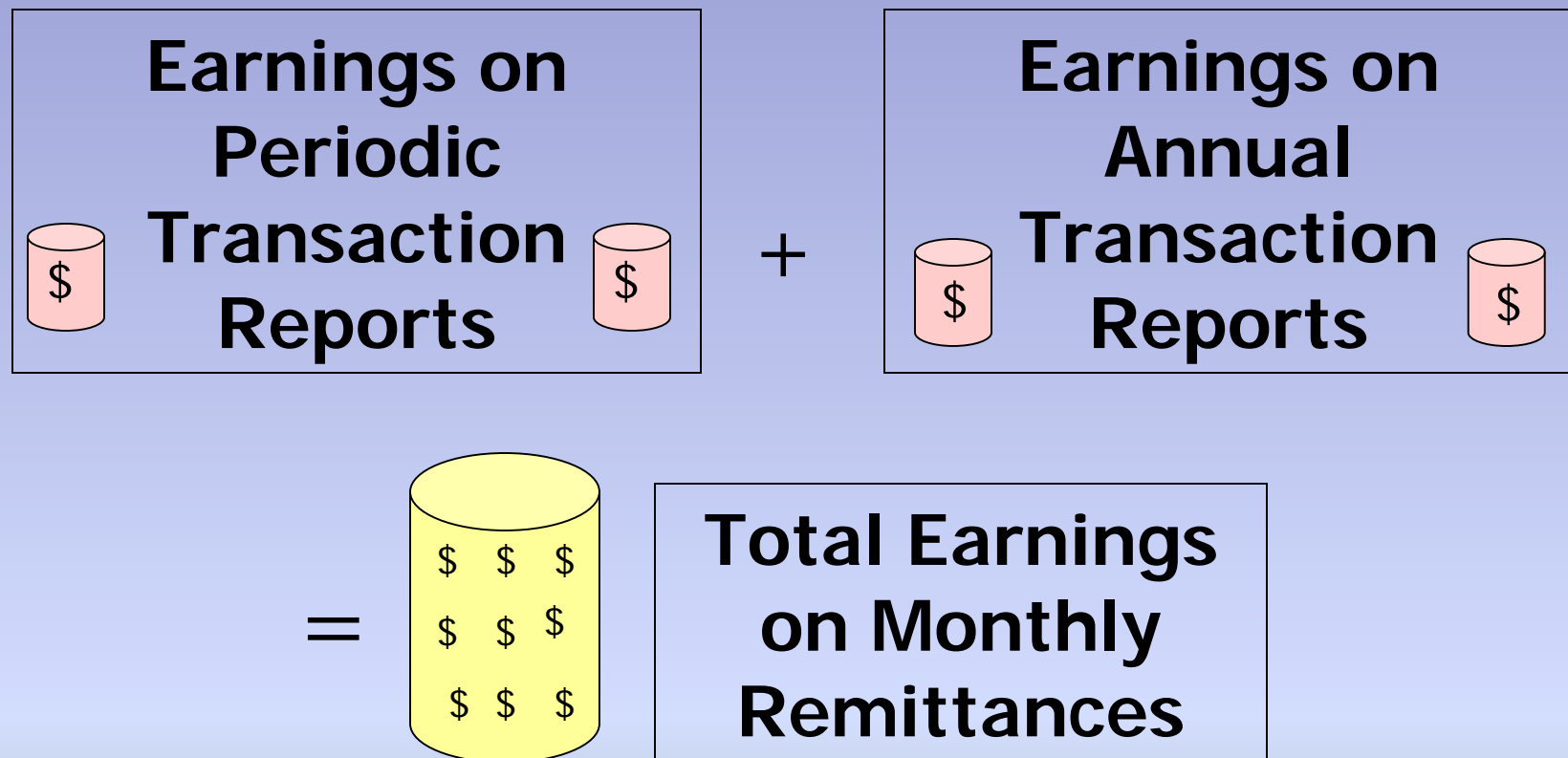
# Afternoon Break

---

This is an afternoon break of 15 minutes.  
The clock is provided for your  
convenience to see when we will return.

If you are watching this as a recorded  
training, you may fast forward to the  
next slide to continue the training.

# Annual Reconciliation



*Also refer to Table 10.1 in Manual*



# Annual Reconciliation

---

- ETF provides three reports in December:
  - *Employee Transaction Report*
  - *Employee Suspended Transaction*
  - *Contributions Total Report*
- May be available electronically in the future



# Annual Reconciliation

---

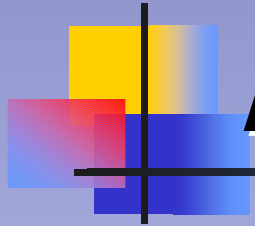
- ALL employers required to submit annual transaction report
  - If more than 250 employees, must submit via ONE
    - Using Transaction Upload Application
    - Disk and FTP has been discontinued
  - If less than 250 employees:
    - Can submit via ONE (must have pre-list from ETF)
    - Can submit on Employee Transaction Report form (ET-2533)
    - Can create own form
      - MUST get ETF approval prior to use



# Annual Transaction Report

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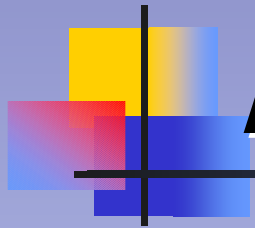
- Include all employees:
  - Actively employed at end of year
  - On leave of absence
    - Military leave (USERRA)
- Contract settlements
  - Include current year earnings
  - Do not include prior year earnings



# Annual Transaction Report

---

**Due no later  
than January 31st**



# Annual Reconciliation Tips

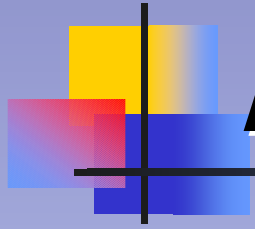
---

An employee terminates in December,  
and is paid final earnings in January . . .

Report as active employee on Annual  
Report.

File termination transaction in January.





# Annual Reconciliation Tips

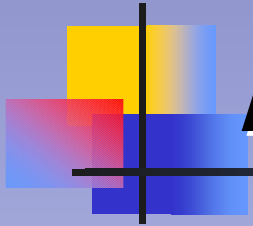
---

If you add a new employee to the Annual Report . . .

- Use action date of 12/31/2006

Enroll IMMEDIATELY:

- Utilize ONE
- Send Enrollment form (ET-2316)

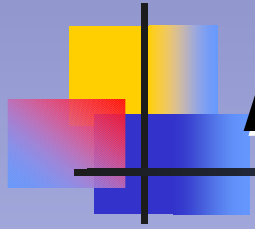


# Annual Reconciliation Tips

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If you rehire an employee within the same calendar year:

- Report the termination on periodic transaction report
- Report earnings from only the rehire date through the end of the year on the annual transaction report



# Annual Reporting - Situation

---

- You have been assigned to prepare the WRS annual report in mid-January 2007. Assuming you report using a paper pre-list, how would you complete the annual report in the following situations?

**Question #1:** Bill, a Street Department employee, has been actively employed during 2006.

His 2006 hours and earnings are:

January – December:      2080 Hours & \$ 47,150.00

# Annual Reporting

## Question #1

Department of Employee Trust Funds  
WISCONSIN RETIREMENT SYSTEM  
P.O. Box 7931 - Madison, WI 53707-7931

### EMPLOYEE TRANSACTION REPORT

Refer to your WRS Employer Administration Manual for instructions on employee transaction reporting.

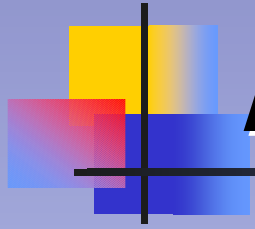
Report Date (MM/DD/CCYY) 12/31/2006	Page No.	Employer Identification No. 69-036 XXXX-000
Employer Name YOUR LOCAL GOVT EMPLOYER		

Social Security No. NAME Last, First, Middle Initial Street Address or P.O. Box City, State, ZIP	Emp Cat	Action Code	Termination/ Action Date (MM/DD/CCYY)	Last Earnings Date (MM/DD/CCYY)	New Empl. Code	1-1-XX THRU 6-30-XX TEACHERS/JUDGES/EDUC. SUPPORT PERSONNEL ONLY			Calendar Year to Date			Deducted from Employee			Add'l. Contr.? X if yes
						Hours of Service	EARNINGS Dollars	Cents	Hours of Service	EARNINGS Dollars	Cents	Employee Required Contribution Dollars	Benefit Adjustment Contribution Dollars	Cents	
SS# XXX-XX-XXXX BILL	00	00	12/31/06			X X X X	X X X X X X	X							
SS# XXX-XX-XXXX BUTCH	00	00	12/31/06			X X X X	X X X X X X	X							
SS# XXX-XX-XXXX MADELINE	00	00	12/31/06			X X X X	X X X X X X	X							
SS#															
SS#															
SS#															

I understand that Wis. Stat. § 943.395 provide criminal penalties for knowingly making false or fraudulent claims on this form, and hereby certify that to the best of my knowledge and belief, the above information is true and correct.

PAGE  
TOTALS

Employer Agent Signature	Prepared by	Telephone No.	Date (MM/DD/CCYY)	If the employee has additional contributions, X this box and attach the Additional Contributions Report, form ET-2535 showing the contribution amounts.
--------------------------	-------------	---------------	-------------------	---



# Annual Report - Questions

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**Question #2:** Butch, a maintenance engineer, began an unpaid non work-related leave of absence on September 1, 2006. The date Butch last used leave time was August 31, 2006. You did not report the leave in September when it began.

Butch's 2006 hours and earnings:

January – August 31: 1454 Hours & \$ 26,166.00

# Annual Reporting

## Question #2

Department of Employee Trust Funds  
WISCONSIN RETIREMENT SYSTEM  
P.O. Box 7931 - Madison, WI 53707-7931

### EMPLOYEE TRANSACTION REPORT

Refer to your WRS Employer Administration Manual for instructions on employee transaction reporting.

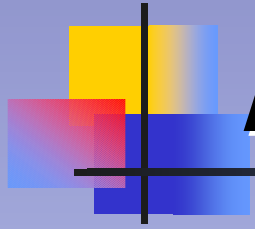
Report Date (MM/DD/CCYY) 12/31/2006	Page No. 69-036	Employer Identification No. XXXX-000
Employer Name YOUR LOCAL GOVT EMPLOYER		

Social Security No. NAME Last, First, Middle Initial Street Address or P.O. Box City, State, ZIP	Emp Cat	Action Code	Termination/ Action Date (MM/DD/CCYY)	Last Earnings Date (MM/DD/CCYY)	New Empl. Code	1-1-XX THRU 6-30-XX TEACHERS/EDUC. SUPPORT PERSONNEL ONLY			Calendar Year to Date			Deducted from Employee			Add'l. Contr. X if yes	
						Hours of Service	EARNINGS Dollars	Cents	Hours of Service	EARNINGS Dollars	Cents	Employee Required Contribution Dollars	Benefit Adjustment Contribution Dollars	Cents		
SS# XXX-XX-XXXX BILL	00	00	12/31/06			X	X	X	X	X	X	X				
SS# XXX-XX-XXXX BUTCH	00	00	12/31/06			X	X	X	X	X	X	X				
SS# XXX-XX-XXXX MADELINE	00	00	12/31/06			X	X	X	X	X	X	X				
SS#																
SS#																
SS#																

I understand that Wis. Stat. § 943.395 provide criminal penalties for knowingly making false or fraudulent claims on this form, and hereby certify that to the best of my knowledge and belief, the above information is true and correct.

Employer Agent Signature \_\_\_\_\_ Prepared by \_\_\_\_\_ Telephone No. \_\_\_\_\_ Date (MM/DD/CCYY) \_\_\_\_\_

If the employee has additional contributions, X this box and attach the Additional Contributions Report, form ET-2535 showing the contribution amounts.



# Annual Reporting - Questions

---

**Question #3:** Jim began full-time employment as the City Parks Director on December 8, 2006 and is eligible for WRS. You did not submit a WRS enrollment form in December.

Jim's 2006 hours and earnings:

January - December:     96 Hours & \$ 2400.00

# Annual Reporting

## Question #3

Department of Employee Trust Funds  
WISCONSIN RETIREMENT SYSTEM  
P.O. Box 7931 - Madison, WI 53707-7931

### EMPLOYEE TRANSACTION REPORT

Refer to your WRS Employer Administration Manual for instructions on employee transaction reporting.

Report Date (MM/DD/CCYY) 12/31/2006	Page No. 69-036	Employer Identification No. XXXX-000
Employer Name YOUR LOCAL GOVT EMPLOYER		

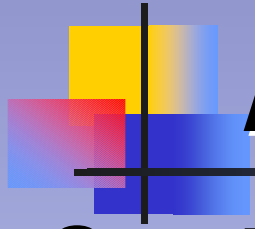
Social Security No. NAME Last, First, Middle Initial Street Address or P.O. Box City, State, ZIP	Emp Cat	Action Code	Termination/ Action Date (MM/DD/CCYY)	Last Earnings Date (MM/DD/CCYY)	New Empl. Code	1-1-XX THRU 6-30-XX TEACHERS/EDUC. SUPPORT PERSONNEL ONLY			Calendar Year to Date			Deducted from Employee			Add'l. Contrib. X if Yes
						Hours of Service	EARNINGS Dollars	Cents	Hours of Service	EARNINGS Dollars	Cents	Employee Required Contribution Dollars	Benefit Adjustment Contribution Dollars	Cents	
SS# XXX-XX-XXXX BILL	00	00	12/31/06			X X X X	X X X X X X	X							
SS# XXX-XX-XXXX BUTCH	00	00	12/31/06			X X X X	X X X X X X	X							
SS# XXX-XX-XXXX MADELINE	00	00	12/31/06			X X X X	X X X X X X	X							
SS#															
SS#															
SS#															

I understand that Wis. Stat. § 943.395 provide criminal penalties for knowingly making false or fraudulent claims on this form, and hereby certify that to the best of my knowledge and belief, the above information is true and correct.

PAGE  
TOTALS

Employer Agent Signature	Prepared by	Telephone No.	Date (MM/DD/CCYY)	If the employee has additional contributions, X this box and attach the Additional Contributions Report, form ET-2535 showing the contribution amounts.
--------------------------	-------------	---------------	-------------------	---





# Annual Reporting - Questions

---

**Question #4:** Madeline is terminating her administrative duties on December 23, 2006 and her final earnings are paid in January 2007.

**A.** How will you report her 2006 hours and earnings?

**2006 hours and earnings:**

January - December: 1097 Hours & \$ 12,400.00

**B.** How will you report her 2007 hours and earnings?

**2007 hours and earnings:**

January- December: 50 Hours & \$ 600.00

# Annual Reporting

## Question #4 A.

Department of Employee Trust Funds  
WISCONSIN RETIREMENT SYSTEM  
P.O. Box 7931 - Madison, WI 53707-7931

### EMPLOYEE TRANSACTION REPORT

Refer to your WRS Employer Administration Manual for instructions on employee transaction reporting.

Report Date (MM/DD/CCYY) 12/31/2006	Page No. 69-036	Employer Identification No. XXXX-000
Employer Name YOUR LOCAL GOVT EMPLOYER		

Social Security No. NAME Last, First, Middle Initial Street Address or P.O. Box City, State, ZIP			Emp Cat	Action Code	Termination/ Action Date (MM/DD/CCYY)	Last Earnings Date (MM/DD/CCYY)	New Empl Code	1-1-XX THRU 6-30-XX TEACHERS/SUBJECSES/EDUC. SUPPORT PERSONNEL ONLY		Calendar Year to Date			Deducted from Employee				Advt. Contr. X if yes	
								Hours of Service	EARNINGS Dollars Cents		Hours of Service	EARNINGS Dollars Cents		Employee Required Contribution Dollars Cents		Benefit Adjustment Contribution Dollars Cents		
SS# XXX-XX-XXXX BILL	00	00	12/31/06					X X X X	X X X X X X									
SS# XXX-XX-XXXX BUTCH	00	00	12/31/06					X X X X	X X X X X X									
SS# XXX-XX-XXXX MADELINE	00	00	12/31/06					X X X X	X X X X X X									
SS#																		
SS#																		
SS#																		
SS#																		

I understand that Wis. Stat. § 943.365 provide criminal penalties for knowingly making false or fraudulent claims on this form, and hereby certify that to the best of my knowledge and belief, the above information is true and correct.

PAGE  
TOTALS

Employer Agent Signature	Prepared by	Telephone No.	Date (MM/DD/CCYY)	If the employee has additional contributions, X this box and attach the Additional Contributions Report, form ET-2535 showing the contribution amounts.
--------------------------	-------------	---------------	-------------------	---

## Question #4 B.

## EMPLOYEE TRANSACTION REPORT

Refer to your WRS Employer Administration Manual for instructions on employee transaction reporting.

Report Date (mm/dd/yyyy)	Page No.	Employer Identification No. 69-036 XXXX-000
Employer Name YOUR LOCAL GOVT EMPLOYER		

Social Security No. NAME Last, First, Middle Initial Street Address or P.O. Box City, State, ZIP	Emp Cat	Action Code	Termination/ Action Date (MM/DD/YYYY)	Last Earnings Date (MM/DD/YYYY)	New Empl. Code	Hours of Service	1-1-XX THRU 6-30-XX TEACHERS/AUGUSTINE/EDUC. SUPPORT PERSONNEL ONLY EARNINGS Dollars Cents		Calendar Year to Date Hours of Service EARNINGS Dollars Cents			Deducted from Employee Employee Required Contribution Dollars Cents		Benefit Adjustment Contribution Dollars Cents	Addl. Contr.? X if yes	
SS# XXX-XX-XXXX MADELINE ADDRESS																
SS#																
SS#																
SS#																
SS#																
SS#																
SS#																
SS#																
							<b>PAGE TOTALS</b>									

I understand that Wis. Stat. § 943.305 provide criminal penalties for knowingly making false or fraudulent claims on this form, and hereby certify that to the best of my knowledge and belief, the above information is true.

I understand that Wis. Stat. § 943.395 provide criminal penalties for knowingly making false or fraudulent claims on this form, and hereby certify that to the best of my knowledge and belief, the above information is true and correct.

**PAGE  
TOTALS**

Employer Agent Signature	Prepared by	Telephone No.	Date (MM/DD/CCYY)
--------------------------	-------------	---------------	-------------------

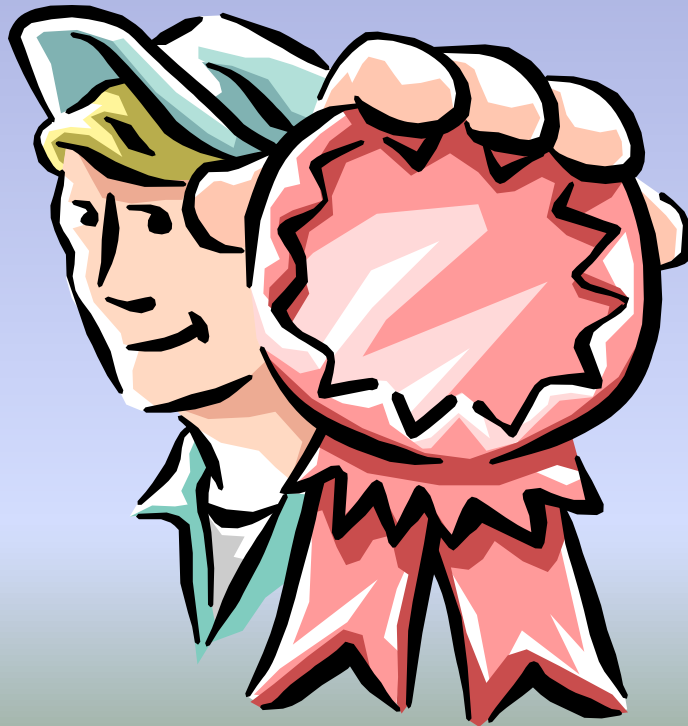
If the employee has additional contributions, X this box and attach the *Additional Contributions Report*, form ET-2535 showing the contribution amounts.

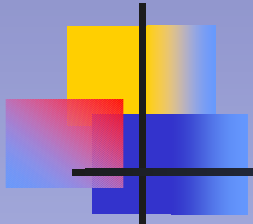


# Signing up for the ONE

---

Report Electronically and Win





# How to Sign up

---

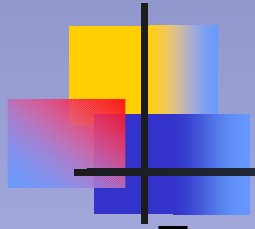
- Submit a *Security Agreement* form (ET-8928) for
  - Each employee that needs access
  - When you are a current user adding another application:
    - Check only the applications being added
    - Be sure to indicate your logon ID
- Approval process takes 2 to 3 weeks



# How to Sign up

---

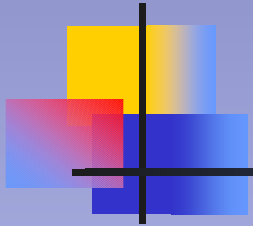
- Also submit an *Automated Clearing House (ACH) Direct Withdrawal Authorization* form (ET-1734)
  - Requesting access to the WRS Contribution Remittance application
  - Not required if current IVR user
- Approval process takes 2 to 3 weeks



# Submit the form(s) to ETF

---

- Fax or mail to:
  - Fax number (608) 266-5801
  - P. O. Box 7931, Madison WI 53707-7931
- First time users will receive:
  - Logon ID provided by e-mail
  - Password letter with a PIN
  - System will prompt to change the password
- Established users - periodically check the system for access

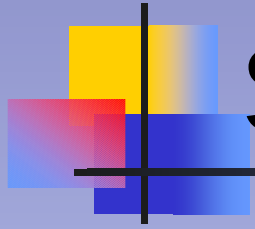


# Important Reminders

---

- Keep correspondence for reference
- If you have problems accessing the system contact Employee Trust Funds :
  - Telephone # provided in your letters.
  - Required to provide the identifiers as well as your Logon ID.





# Security Reminders

---

- This is your personal Logon ID and password and should **not** be shared with anyone.
- **Notify ETF when employees with access to the ONE terminate employment.**



## Applications include:

---

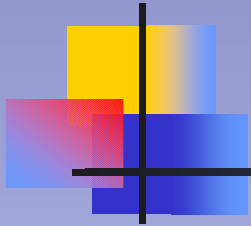
- WRS Previous Service and Benefit Inquiry Application
- WRS Account Update Application
  - WRS Enrollments
  - Information Changes
  - Terminations & Corrections to Current Year Transactions
  - Annual Transactions (< 250 Employees)
- WRS Contribution Remittance Application
- Transaction Upload Application



# Accessing ONE Applications:

---

- Through the Internet
- The Internet address:  
<http://etfonline.wi.gov/one.html>
- Select application



# WRS Previous Service And Benefit Inquiry



## Employee Trust Funds (ETF) On-Line Network for Employers (ONE)

Welcome to the Department of Employee Trust Funds On-line Network for Employers (ONE). This is a new and innovative way to retrieve historical data, keep employee information current and report monthly retirement contributions and payment. ONE is an interactive Internet application that is easy and convenient to use.

Logon and Password Support (608) 264-9181 / 866-843-9724 or email us at [ETFOnLineHelp@etf.state.wi.us](mailto:ETFOnLineHelp@etf.state.wi.us)  
Employer Communications Center (608) 264-7900

### Account Maintenance

[WRS Employers - Reset Password](#)

[Security Agreement, ET-8928](#), Fax Number: (608) 266-5801

### Applications

[Previous Service and Benefit Inquiry \\*](#)

*Note: You will need to use your "new" user ID to log in to this application.*

Description: Allows employers to view historical information regarding their employees' WRS participation on-line. Assists in determining Insurance program eligibility, WRS Eligibility Status and calculating supplemental sick leave credits (state agencies only).

[WRS Account Update](#)

Description: Provides employer with the ability to securely transmit account updates to ETF. The application includes WRS enrollments, descriptive data changes, and employee transactions.

[WRS Contribution Remittance Entry](#)

Description: Allows employers to transmit WRS Monthly Retirement Remittance Reports (ET-1515) to ETF and make payment through the banking ACH process.

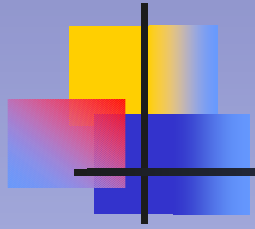
[WRS Transaction Upload](#)

Description: Allows employers to upload and submit WRS annual reports to ETF.

### Other Resources

[WRS Transaction Upload Instructions](#)

# Log Into The System



Enter  
Logon ID  
&  
Password  
  
Press  
“Login”



**“Indicates  
Application  
Selected”**

User ID:

Password:

Login Reset

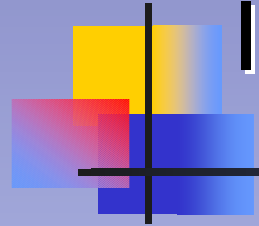


## WRS Previous Service and Benefit Inquiry

---

- Determine whether employee received a benefit
- Determine previous participation in the WRS
  - Important for eligibility for other ETF administered insurance programs (i.e. life, ICI)
- WRS detailed information not available for employment before 1985
  - Contact Employer Communication Center with questions

# WRS Previous Service and Benefit Inquiry



- Select the correct Employer Type
- Select *Submit*

## Wisconsin Retirement System (WRS) Previous Service and Benefit Inquiry

Security measures have been established to provide necessary data for WRS participating employment, employment category information, benefit application dates, and creditable service. No information regarding WRS earnings, contribution amounts or beneficiary designations for member accounts will be provided on this application

This Internet application is intended for use by employers to administer WRS and other benefit programs and is not intended to provide information to members or to assist members in making retirement decisions. Please note that this application will not provide complete information for members to make important decisions regarding their WRS benefits.

Are you a (select one) ☒ Local Employer

☐ State Employer

Submit

This site is best viewed by browsers that support the capabilities of Netscape Navigator, version 4.0 or higher, and Microsoft Internet Explorer version 4.0 or higher.

# WRS Previous Service and Benefit Inquiry

- Enter employee's Social Security Number
- Select *Inquire*

**Wisconsin Retirement System (WRS)  
Previous Service and Benefit Inquiry**

---

Employee Social Security:

Name:

Birthdate:

---

[Previous Service](#) (Dates prior to 1985 do not display)

[State](#) [Local](#)

Message:

---

[Retirement Annuity Information](#)

Annuity Benefit Application Received Date:

Annuity Benefit Effective Date:

[Lump Sum \(Separation or Retirement\) Benefit Information](#)

Lump Sum Benefit Application Received Date:

Lump Sum Benefit Effective Date:

---

[Creditable Service](#)

Category

For more information, contact: [Employer Communications Center](#), or phone (608) 264-7900



# WRS Previous Service and Benefit Inquiry

- Validate messages that indicate "no service"
- No information listed for service prior to 1985
- Contact the Employer Communication Center with any questions

Wisconsin Retirement System (WRS)  
Previous Service and Benefit Inquiry

Employee Social Security:  (999999999)

Name:

Birthdate:

---

[Previous Service](#) (Dates prior to 1985 do not display)

<a href="#">State</a>	<a href="#">Category</a>	<a href="#">Enrollment Date/Begin Date</a>	<a href="#">Termination Date</a>	<a href="#">Local</a>	<a href="#">Category</a>	<a href="#">Enrollment Date/Begin Date</a>	<a href="#">Termination Date</a>
				1070-000	10		06/03/1988

Message: No state service or local service.

---

[Retirement Annuity Information](#)

Annuity Benefit Application Received Date:

Annuity Benefit Effective Date:

[Lump Sum \(Separation or Retirement\) Benefit Information](#)

Lump Sum Benefit Application Received Date:

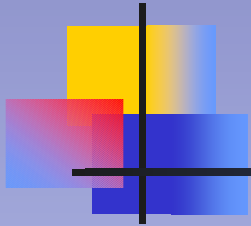
Lump Sum Benefit Effective Date:

---

[Creditable Service](#)

Category	Pre-2000	Post-1999	Total
10	17.00	0.00	17.00

For more information, contact: [Employer Communications Center](#), or phone (608) 264-7900



# WRS Account Update



## Employee Trust Funds (ETF) On-Line Network for Employers (ONE)

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Logon and Password Support (608) 264-9181 / 866-843-9724 or email us at [ETFOnLineHelp@etf.state.wi.us](mailto:ETFOnLineHelp@etf.state.wi.us)  
Employer Communications Center (608) 264-7900

### Account Maintenance

[WRS Employers - Reset Password](#)

[Security Agreement, ET-8928](#), Fax Number: (608) 266-5801

### Applications

[Previous Service and Benefit Inquiry \\*](#)

*\*Note: You will need to use your "new" user ID to log in to this application.*

Description: Allows employers to view historical information regarding their employees' WRS participation on-line. Assists in determining Insurance program eligibility, WRS Eligibility Status and calculating supplemental sick leave credits (state agencies only).

[WRS Account Update](#)

Description: Provides employer with the ability to securely transmit account updates to ETF. The application includes WRS enrollments, descriptive data changes, and employee transactions.

[WRS Contribution Remittance Entry](#)

Description: Allows employers to transmit WRS Monthly Retirement Remittance Reports (ET-1515) to ETF and make payment through the banking ACH process.

[WRS Transaction Upload](#)

Description: Allows employers to upload and submit WRS annual reports to ETF.

### Other Resources

[WRS Transaction Upload Instructions](#)



# WRS Account Update Application

---

- WRS Enrollment
- Information Changes:
  - Name Change
  - Gender Change
  - Employment Begin Date Corrections
  - Employment Category Corrections
- Terminations and Corrections to Current Year Transactions
- Annual Transactions (< 250 Employees)

# WRS Account Update Application Menu

Employee Trust Funds

WRS Account Update Application

## WRS Enrollment/Descriptive Data Changes

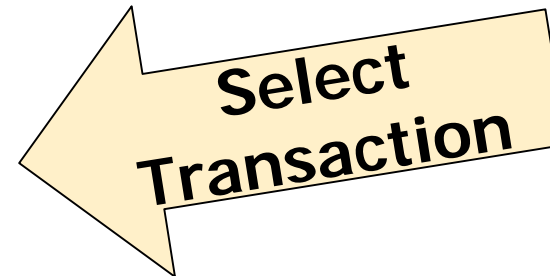
[P033 - Employment Begin Date Change](#)

[P063 - Employment Category Change](#)

[P036 - Gender Change](#)

[P031 - Name/Address Change](#)

[P060 - WRS Enrollment](#)



## Employee Transaction Reporting

[P001 - Termination - Employment or Retirement](#)

[P003 - Termination - Not Eligible](#)

(Employee worked less than 30 calendar days  
or rehired annuitant enrolled in error)

[P004 - Termination - Non Work-Related Illness/Injury](#)

[P005 - Termination - Dismissal](#)

[P006 - Termination - Death](#)

[P007 - Termination - Waived Part Time Elected Service](#)

[P008 - Termination - Work-Related Illness/Injury](#)

[P010 - Employment Category Change with Money](#)

[P050 - LOA - Military Union Leave](#)

[P051 - LOA - Unpaid Leave of Absence](#)

[P053 - LOA - Begin Layoff](#)

[P054 - LOA - Non Work-Related Illness/Injury](#)

## EE Transaction Reporting Correction

[P081 - Correction to P001 Termination](#)

[P083 - Correction to P003 Not Eligible](#)

[P084 - Correction to P004 Termination Non Work-Related Illness/Injury](#)

[P085 - Correction to P005 Dismissal](#)

[P086 - Correction to P006 Death](#)

[P087 - Correction to P007 Waived Part Time Elected Service](#)

[P088 - Correction to P008 Termination for Work-Related Illness/Injury](#)

[P089 - Correction to P051 - P053 - P054](#)

# WRS Account Update - Enrollment

## Wisconsin Retirement System (WRS) P060 Enrollment Entry Form

If the employee you are enrolling is receiving an annuity from WRS, refer to the WRS Administration Manual Chapter 15 for specific instructions. [Click here to view the manual.](#)

### Employer Detail

Report Date: 12/08/2003

Agent Title:

Agent Name:

Key  
Information

### Employee's Indicative Data

Social Security Number: 000000001

First Name: FIRST NAME

Middle Initial: M

Last Name: LASTNAME

Address: ADDRESSLINE1

ADDRESSLINE2

City, State, Zip: MADISON

WI 53456

Date of Birth: 10/15/1960 (mm/dd/ccyy)

Gender: M (M or F)

Statement of Benefit Distribution Code: SOBCODE (optional)

### Coverage Data

WRS Participation Begin Date: 11/15/2003 (mm/dd/ccyy)

Employment Category: 00 GENERAL EMPLOYMENT  
00 General Employment  
01 Court Reporter

Submit

Clear

Menu

Logout

# WRS Account Update - Enrollment

## Wisconsin Retirement System (WRS) P060 Enrollment Entry Form

If the employee you are enrolling is receiving an annuity from WRS, refer to the WRS Administration Manual Chapter 15 for specific instructions. [Click here to view the manual.](#)

### Employer Detail

Report Date: 12/08/2003

Agent Title:

Agent Name:

Please review the data entered for accuracy (especially the Social Security Number)  
If the data is accurate and you wish to submit this transaction, click on "Confirm".  
Otherwise, make desired changes and click on "Submit".

### Employee's Indicative Data

Social Security Number: 000000001

First Name: FIRST NAME

Middle Initial: M

Last Name: LASTNAME

Address: ADDRESSLINE1

ADDRESSLINE2

City, State, Zip: MADISON

WI 53456

Date of Birth: 10/15/1960 (mm/dd/ccyy)

Gender: M (M or F)

Statement of Benefit Distribution Code: SOBCODE (optional)

### Coverage Data

WRS Participation Begin Date: 11/15/2003 (mm/dd/ccyy)

Employment Category: 00 GENERAL EMPLOYMENT  
00 General Employment  
01 Court Reporter

Verify  
Information

Confirm

Submit

Clear

Menu

Logout

## Wisconsin Retirement System (WRS) P033 Employment Begin Date Change Form

Please refer to the WRS Administration Manual for specific instructions. [Click here to view the manual.](#)

### Employer:

Agent Title:

Agent Name:

Report Date:

**Enter Corrected  
Information**

### Employee's Indicative Data

Social Security Number:

First Name:

Middle Initial:

Last Name:

Date of Birth:

(mm/dd/ccyy)

Gender:

(M or F)

### Coverage Data

WRS Participation Begin Date:

(mm/dd/ccyy)

Employment Category:

Please select one

00 General Employment

01 Court Reporter

Submit

Clear

Logout

Menu

NewEIN



**Wisconsin Retirement System (WRS)**  
**P001 Termination - Employment or Retirement**  
**Entry Form**

Please refer to the WRS Administration Manual for specific instructions. [Click here to view the manual.](#)

**Employer**

Agent Title:

Agent Name:

Report Date:

**Employee's Indicative Data**

Social Security Number:

First Name:

Middle Initial:

Last Name:

Address:

City, State, Zip:

**Coverage Data**

Action/Termination Date:

(mm/dd/ccyy)

Last Earning Date:

(mm/dd/ccyy)

Employment Category:

Please select one  
00 General Employment  
01 Court Reporter

**Earnings and Contributions**

January to June Teachers/Judges/  
Educ. Support personnel Only

Hours

Earnings

Calendar Year to Date (Jan-Dec)

Deducted from Employee

Employee Required Contribution

Benefit Adjustment Contribution

Additional Contributions

Fixed

Variable

Employee Paid:

Employer Paid:

Tax Deferred:

**Required Fields**



# WRS Account Update Application Confirmation Page

- Print screen for your records by selecting ***Print***
- After printing you may select:
  - ***Continue*** to enter another transaction
  - ***Menu*** to return to the application menu
  - ***Logout*** to end the session

## Wisconsin Retirement System (WRS) P060 Enrollment Confirmation Form

The following employee has been submitted for enrollment in the Wisconsin Retirement System. Please print this page as a confirmation of the Enrollment. Keep one copy for your records, and give another copy to the employee. Employee Trust Funds will update the enrollment record for this member.

### Employer Detail

Report Date: 12/03/2003

Agent Title:

Agent Name:

### Employee's Indicative Data

Social Security Number: 000000001

First Name: FIRSTNAME

Middle Initial: M

Last Name: LASTNAME

Address: ADDRESSLINE1

ADDRESSLINE2

City: MADISON

State: WI

Zip: 53456

Date of Birth: 10/15/1960

Sex: M

Statement of Benefit Distribution  
Code: SOBCODE

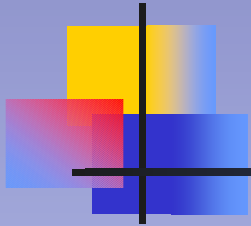
### Coverage Data

WRS Participation Begin Date: 11/15/2003

Employment Category: 00 GENERAL EMPLOYMENT

Employee's signature: \_\_\_\_\_

Date: \_\_\_\_\_



# WRS Transaction Upload Entry



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[WRS Employers - Reset Password](#)

[Security Agreement, ET-8928](#), Fax Number: (608) 266-5801

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[Previous Service and Benefit Inquiry \\*](#)

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[WRS Contribution Remittance Entry](#)

Description: Allows employers to transmit WRS Monthly Retirement Remittance Reports (ET-1515) to ETF and make payment through the banking ACH process.

[WRS Transaction Upload](#)

Description: Allows employers to upload and submit WRS **annual** reports to ETF.

### Other Resources

[WRS Transaction Upload Instructions](#)

## Wisconsin Retirement System (WRS) Annual Report Submission Employer Log In

This Internet application is intended for use by employers to update WRS members accounts and is not intended to provide information to members.

Please enter your Employer number and press enter.



Employer Number:





## Wisconsin Retirement System (WRS) Annual Report Submission

Employer:

Employer id:

[Switch Employer](#)

### Report History

Date Time Uploaded By Filename Status

Select Annual Report to Upload

**Browse to Find  
Your Annual File**

**Press Upload**



## Wisconsin Retirement System (WRS) Annual Report Submission

Employer:

Employer id:

**Validation Failed**

### Errors

Row Number	Field Number	Field Name	Original Entry	Error Message
1	4	Report Date	20051231	Report Date for P000 should be 1231 of the processing year in CCYYMMDD format
1	8	Action Date	20051231	Action Date for P000 should be 1231 of the processing year in CCYYMMDD format

Please fix the problems with the file and resubmit

Continue



# Error Report Review

---

- Review error messages
- Return to your file and correct errors
- **Save the changes to your file**
- Return to Transaction Upload Application screen and press "Continue"
- Returns to the screen to browse for your saved file
- When error free, the report will transmit



## Wisconsin Retirement System (WRS) Annual Report Submission

Employer:

Employer id:

---

### Validation Failed

#### Errors

Row Number	Field Number	Field Name	Original Entry	Error Message
1	4	Report Date	20051231	Report Date for P000 should be 1231 of the processing year in CCYYMMDD format
1	8	Action Date	20051231	Action Date for P000 should be 1231 of the processing year in CCYYMMDD format

Please fix the problems with the file and resubmit

Continue



**Press Continue**



## Wisconsin Retirement System (WRS) Annual Report Submission

Employer:

Employer id:

[Switch Employer](#)

**Your last submission was not validated. Please reconcile file and re-upload.**

### Report History

Date	Time	Uploaded By	Filename	Status
Dec 7, 2006	11:29:39 AM	LimM	4701000TEST FILE.txt	Validation Failed

Select Annual Report to Upload

**Browse to Find  
Your Corrected  
Annual File**

**Press Upload Again**



**Wisconsin Retirement System (WRS)  
Annual Report Submission**

Employer:  
Employer id:



**Upload Successful**

1 rows transmitted

Transmission Totals						
Employment Category	Fiscal Year Employees Only January Through June		Calendar Year-to-Date		Employee Paid Contributions	
	Hours of Service	Earnings	Hours of Service	Earnings	Employee Required Contribution	Benefit Adjust Contribution
00,01 (includes 12)	0.00	\$0.00	24.00	\$318.36	\$1,587.56	\$258.44
02 (includes 05, 06, 07, 08, 09)	0.00	\$0.00	0.00	\$0.00	\$0.00	\$0.00
03	0.00	\$0.00	0.00	\$0.00	\$0.00	\$0.00
04	0.00	\$0.00	0.00	\$0.00	\$0.00	\$0.00
10	0.00	\$0.00	0.00	\$0.00	\$0.00	\$0.00
11	0.00	\$0.00	0.00	\$0.00	\$0.00	\$0.00

Additional Contributions						
Employment Category	Employee Paid		Employer Paid		Tax Deferred	
	Core*	Variable	Core*	Variable	Core*	Variable
00,01 (includes 12)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
02						

12)						
02 (includes 05, 06, 07, 08, 09)	0.00	\$0.00	0.00	\$0.00	\$0.00	\$0.00
03	0.00	\$0.00		\$0.00	\$0.00	\$0.00
04	0.00	\$0.00		\$0.00	\$0.00	\$0.00
10	0.00	\$0.00		\$0.00	\$0.00	\$0.00
11	0.00	\$0.00	0.00	\$0.00	\$0.00	\$0.00

**Totals Not Correct**

Additional Contributions						
Employment Category	Employee Paid		Employer Paid		Tax Deferred	
	Core*	Variable	Core*	Variable	Core*	Variable
00,01 (includes 12)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
02 (includes 05, 06, 07, 08, 09)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Please review the totals and click submit when ready to submit the file to WRS. Once the file is submitted check back in 24 hours to see the submission status.

Submit

Cancel

**Press Cancel**



12)						
02						
(includes						
05, 06,	0.00	\$0.00	0.00	\$0.00	\$0.00	\$0.00
07, 08,						
09)						
03	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
04	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**Totals Correct  
Print Copy For  
Your Records**

Additional Contributions						
Employment Category	Employee Paid		Employer Paid		Tax Deferred	
	Core*	Variable	Core*	Variable	Core*	Variable
00,01						
(includes	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12)						
02						
(includes	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05, 06,						
07, 08,						
09)						
03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Please review the totals and click submit when ready to submit the file to WRS. Once the file is submitted check back in 24 hours to see the submission status.



**Press Submit**



## Wisconsin Retirement System (WRS) Annual Report Submission

**Check Back  
in 24 Hours**

Employer:

Employer id:

[Switch Employer](#)

Your last submission was uploaded successfully and is currently being processed. Please check back in 24 hours to ensure report has been processed successfully.

### Report History

Date	Time	Uploaded By	Filename	Status
Dec 7, 2006	11:31:35 AM	LimM	4701000TEST FILE.txt	Processing
Dec 7, 2006	11:29:39 AM	LimM	4701000TEST FILE.txt	Validation Failed



Cancel Processing

Another upload is currently in progress. Please wait for the upload to finish with processing or ca

**Or  
Wait a Few Minutes  
and Press F5**



## Wisconsin Retirement System (WRS) Annual Report Submission

Employer:

Employer id:

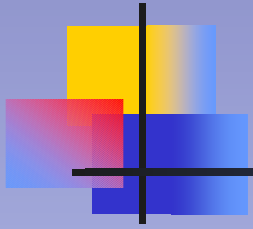
[Switch Employer](#)

### Report History

Date	Time	Uploaded By	Filename	Status
Dec 7, 2006	11:31:35 AM	LimM	4701000TEST FILE.txt	Processing Complete
Dec 7, 2006	11:29:39 AM	LimM	4701000TEST FILE.txt	Validation Failed



An annual report has already been submitted for the current processing year. Please contact ETF with any questions.



# Questions

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Further questions:

- Call Employer Communication Center at toll free (888) 681-3952 or locally at (608) 264-7900.
- If viewing this training as a recording, please use the ask button to e-mail your questions to us.
- Please allow 2 to 3 working days for staff to respond.

Thank you for coming!

